

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Smr		10/5/99
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	J.S.	69134	10-20-99

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5-23-01
2	✓	✓	6-29-01
3	✓	✓	10-8-01
4	✓	✓	5-5-02
5	✓	✓	10-3-02
6	✓	✓	5-6-03
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
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45	✓	✓	
46	✓	✓	
47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	3-5-02
52	✓	✓	11-3-02
53	✓	✓	4-6-02
54	✓	✓	
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98	✓	✓	
99	✓	✓	
100	✓	✓	

Claim	Final	Original	Date
101	✓	✓	4-6-02
102	✓	✓	
103	✓	✓	
104	✓	✓	
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142	✓	✓	
143	✓	✓	
144	✓	✓	
145	✓	✓	
146	✓	✓	
147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available Copy